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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	Ted M Torgrimson
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	1/02/03
	Art Unit	
	Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

The Clamp Stand

Ted M Torgrimson
OID# 207919
MCF-Faribault
1101 Linden Lane
Faribault, MN 55021-6400 USA

(Title of the Invention)

the specification of which The Clamp Stand

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

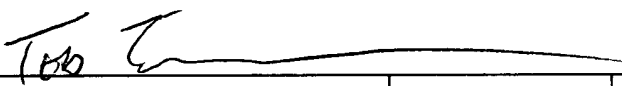
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/>		Customer Number <input type="text"/>	OR <input type="checkbox"/>	Correspondence address below
Name Ted M Torgrimson OID# 207919 Address 1101 Linden Lane				
City Faribault		State MN	ZIP 55021-6400	
Country USA		Telephone NA-----		Fax NA-----
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Ted Michael		Family Name or Surname Torgrimson		
Inventor's Signature 		Date 01/02/03		
Residence: City Faribault		State MN	Country USA	Citizenship USA
Mailing Address OID# 207919 1101 Linden Lane				
City Faribault		State MN	ZIP 55021-6400	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State	Country	Citizenship
Mailing Address				
City		State	ZIP	Country
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box → ☐

PTO/SB/16 (2-98)
Approved for use through 01/31/2001. OMB 0651-0037
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

INVENTOR(S)		
Given Name (first and middle (if any))	Family Name or Surname	Residence (City and either State or Foreign Country)
Ted Michael	Torgrimson	Faribault, MN
<input type="checkbox"/> Additional inventors are being named on the <u> </u> separately numbered sheets attached hereto		
TITLE OF THE INVENTION (280 characters max)		
The Clamp Stand		
CORRESPONDENCE ADDRESS		
Direct all correspondence to:		Place Customer Number Bar Code Label here
<input type="checkbox"/> Customer Number <input type="text"/> → <input type="checkbox"/> OR Type Customer Number here		
<input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name Ted Torgrimson		
Address 1101 Linden Lane		
Address		
City Faribault	State MN	ZIP 55021-6400
Country USA	Telephone NA-----	Fax Na-----
ENCLOSED APPLICATION PARTS (check all that apply)		
<input checked="" type="checkbox"/> Specification Number of Pages 4	<input checked="" type="checkbox"/> Small Entity Statement	
<input checked="" type="checkbox"/> Drawing(s) Number of Sheets 2	<input type="checkbox"/> Other (specify) <input type="text"/>	
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)		
<input checked="" type="checkbox"/> A check or money order is enclosed to cover the filing fees	FILING FEE AMOUNT (\$)	375.00
<input type="checkbox"/> The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: <input type="text"/>		
The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: <input type="text"/>		

Respectfully submitted,

SIGNATURE

Ted Torgrimson

Date 01/02/03

TYPED or PRINTED NAME

Ted Torgrimson

REGISTRATION NO.

(if appropriate)

Docket Number:

TELEPHONE

NA-----

USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

This collection of information is required by 37 CFR 1.51. The information is used by the public to file (and by the PTO to process) a provisional application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the complete provisional application to the PTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20590. DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE.

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**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR**

Docket Number (Optional)

Applicant, Patentee, or Identifier: Ted M Torgrimson

Application or Patent No.: _____

Filed or Issued: 01/02/03

Title: The Clamp Stand

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.
☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b))

Ted M Torgrimson
NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Ted M Torgrimson
Signature of inventor

Signature of inventor

Signature of inventor

01/02/03
Date

Date

Date